

UNITED STATES DISTRICT COURT

Middle

RECEIVED

District of

Alabama

Plaintiff

V.

Defendant

2007 SEP 28 A 10:17

DEBRA P. HACKETT
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

2:07-CV-851-MHT

I, ALOYSIUS THADDEUS HENRY #152683 declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration STATON Correctional Facility, Birmingham, AL

Are you employed at the institution? NO Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

from my family when she can, my mother has a Heart Problem and is under doctor care.

4. Do you have any cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

9/24/07 Alphonse Theodore Henry #152683
Date Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

INFORMATION REGARDING PRISONER ACCOUNTS

The Prison Litigation Reform Act, Pub. L. No. 104-134, §804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information **must** be certified by prison or jail personnel and **must** include both the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for **six full months** must be provided.

CERTIFICATION

I hereby certify that prisoner Aloysius Henry - 152683 has been in the institution since March 2, 10/2007, and that he has the sum of \$.17 in his trust account on this the 25 day of September, 10/2007. I further certify that the information provided below is true and correct.

	<u>Month/Year</u>	<u>Total Deposits Received</u>	<u>Average Account B.</u>
Month 1	<u>March 07</u>	\$ <u>191.10</u>	\$ <u>26.27</u>
Month 2	<u>April 07</u>	\$ <u>135.00</u>	\$ <u>40.22</u>
Month 3	<u>May 07</u>	\$ <u>0</u>	\$ <u>1.10</u>
Month 4	<u>June 07</u>	\$ <u>20.00</u>	\$ <u>17.71</u>
Month 5	<u>July 07</u>	\$ <u>50.63</u>	\$ <u>9.33</u>
Month 6	<u>Aug. 07</u>	\$ <u>25.00</u>	\$ <u>.60</u>
Current month (if less than full month)	<u>Sept. 07</u>	\$ <u>25.00</u>	\$ <u>3.07</u>

Tracy McManis
Signature of Authorized Officer of Institution

State Correctional Facility
Name of Institution

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
Staton Correctional Facility

AIS #: 152683

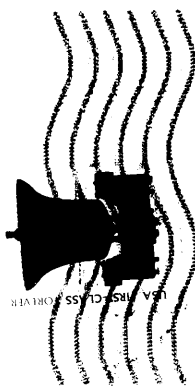
NAME: HENRY, ALOYSIUS

AS OF: 09/25/2007

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
SEP	5	\$0.00	\$0.00
OCT	31	\$0.00	\$0.00
NOV	30	\$0.00	\$0.00
DEC	31	\$0.00	\$0.00
JAN	31	\$0.00	\$0.00
FEB	28	\$0.00	\$0.00
MAR	31	\$26.27	\$191.10
APR	30	\$40.22	\$135.00
MAY	31	\$1.10	\$0.00
JUN	30	\$17.71	\$20.00
JUL	31	\$9.33	\$50.63
AUG	31	\$0.60	\$25.00
SEP	25	\$3.07	\$25.00

Mr. Abernethy, Henry #152683
P.O. Box 56
Eucora, Ala 36025
9-2-11-03

MONTGOMERY AL 361
27 SEP 2007 PM 1 T



Legal Mail

Office of the Court Clerk
United State District Court
P.O. Box 711
36101-0711
Montgomery, AL 36101-0711